## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

0791959

CLAIMS AS FILED - PART I								SMALL E	NTITY		OTHER	THAN
			(Column 1)		(Column 2)		•	TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS			22				٠	RATE	FEE	]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			22 minus 20=		* 2			X\$ 9=		OR	X\$18=	36.00
IND	DEPENDENT CI	LAIMS	₹ minus 3 =		* Ø			X43=		OR	X86=	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+145=		OR	+290=	
*  f	the difference	in column 1 is	ero, enter	<b>"0</b> " in c	olumn 2	1	TOTAL		OR	TOTAL	80,6	
	С	LAIMS AS A	MENDED	D - PART II					<del></del>	4	OTHER	THAN
		(Column 1)		(Colun		(Column 3) SMAt			ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER JUSLY	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus			-		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		,	ADDIT. FEE			AUDII. FEE				
_		CLAIMS	Ï	(Colun	EST	(Column 3)	lr		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT O				CLAIM		J þ				200	
							L	+145= TOTAL		OR	+290=	•
										OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	* .	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	 	+145=			.000	·					
• H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ADDIT. FEE	
		ber Previously Paid					r four	nd in the app	ropriate box	in col	umn 1.	